

Substance Abuse Treatment Services Capacity Report

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Report Provided By:

Governor's Office for Children, Youth and Families,
Division for Substance Abuse Policy

Arizona Substance Abuse Epidemiology Work Group

Arizona Department of Health Services,
Division of Behavioral Health Services

Arizona Department of Economic Security,
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Executive Summary

On January 14, 2008, Governor Napolitano signed *Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services (CPS)*. This Executive Order prioritizes families involved in the child welfare system for access to substance abuse treatment services.

CPS is charged with helping families by strengthening the ability of parents, guardians or custodians to provide safe and supportive care for their children, including critical access to services that promote safe and stable homes. CPS case managers report that when a child is in danger, substance abuse is almost always a factor. In fact, it is estimated that nearly 80 percent of Arizona families referred to CPS have substance abuse issues. It is for this reason that every effort needs to be made to ensure appropriate and immediate substance abuse treatment for families in the CPS system.

This report addresses the fourth requirement of Executive Order 2008-01; it reports on Arizona's capacity to provide substance abuse treatment services to those in need of such treatment and describes the collaborative efforts undertaken by multiple agencies to determine this information.

Data collected by the Arizona Department of Health Services, Division of Behavioral Health Services; the Arizona Department of Economic Security, Division of Children, Youth and Families (DCYF) and the Substance Abuse Epidemiology Work Group were used to inform this report.

The substance abuse delivery system in Arizona is a complex one. Throughout the state, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) contracts with Regional Behavioral Health Authorities (RBHA) and Tribal Regional Behavioral Health Authorities (TRBHA) to deliver behavioral health services in a managed-care delivery system. These managed-care delivery systems are administered in specified Geographic Service Areas (GSA). The six GSAs are encompassed within the state's four RBHAs and five TRBHAs (see Figure 2).

- GSA 1 is managed by the Northern Arizona Regional Behavioral Health Authority, which is inclusive of Mohave, Yavapai, Coconino, Navajo and Apache counties.
- GSA 2 and GSA 4 are managed by Cenpatico Behavioral Health Services, and include La Paz and Yuma counties (GSA 2) and Gila and Pinal counties (GSA 4).
- GSA 3 and GSA 5 are managed by the Community Partnership of Southern Arizona and include Greenlee, Graham, Cochise and Santa Cruz counties (GSA 3) and Pima County (GSA 5).
- GSA 6 is managed by Magellan and encompasses all of Maricopa County.

Among this report's **key findings** are:

- The total number of providers across the state contracted through ADHS/DBHS to provide substance abuse treatment services to adults is 133.
 - These 133 providers staff a total of 327 outpatient clinics; 251 specialty treatments; 1010 residential substance abuse beds; 355 detoxification inpatient beds; 180 detoxification sub-acute beds; 40 stabilization services; and 18 Methadone clinics.
- At any one time, Arizona Families, Families in Recovery Succeeding Together (F.I.R.S.T.) (AFF) providers have the capacity to service 1,207 individuals in non-residential services and 27 individuals in residential services through Department of Economic Security AFF funding. AFF providers report that they are either over-capacity or at-capacity with no waiting list. Most providers verbally report that in actuality, they exceed capacity in an effort to avoid waiting lists to ensure that clients ready for treatment are able to receive services. In addition, providers verbally report that, due to capacity limitations, some clients receive a less-intensive level of service while waiting for availability of a more appropriate, higher-level of care. This indicates the need for expanding the AFF Pro-

Executive Summary

gram, including the number of AFF substance abuse treatment services, to ensure that clients are provided with services critical to the maintenance of their families.

- When we examine the number of substance abuse treatment providers by GSA, it is not surprising that the highest number of treatment providers is located in Maricopa County (GSA 6). However, when we examine the number of AFF providers per capita, we see that the number of providers per 100,000 adults within each GSA gives us a much different picture of the state's capacity to provide substance abuse treatment services. Notably, the number of treatment providers per 100,000 adults is highest in GSA 4, which is inclusive of Gila and Pinal counties, and in GSA 1, which covers the northernmost parts of the state. The GSA with the lowest number of AFF service providers per capita is GSA 6, the most populous area of the state. These data uncover a need for more AFF treatment providers in Maricopa County.
- This same pattern is found for substance abuse treatment providers available to the overall adult population. Substance abuse treatment services (per 100,000 adults) are fewer in Maricopa County than they are in other areas of the state.

The data collected serve as a baseline to identify areas of need and will be integrated into DBHS's network development and system of care plans.

Next steps include:

- The data collection process employed for this report will be enhanced and instituted on a yearly basis in order to assess changes in the state's capacity to provide substance abuse treatment services and to assess gaps in service capacity in each county/GSA.
- The collaboration and coordination between DES, ADHS and the Substance Abuse Epidemiology Work Group that was instrumental in this data collection will continue in order to ensure that the network inventory provides information that meets the needs of all audiences.
- Mapping the addresses and zip codes of the substance abuse treatment service providers using Geographic Information Systems (GIS) software will graphically portray the locations of service providers to begin to determine gaps in services by type of service provider.
- DBHS will conduct site visits to review the program effectiveness and will be making recommendations to providers for program improvements. They will also be targeting expansion where it appears to be most needed.

Introduction

On January 14, 2008, Governor Napolitano signed *Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services* (CPS). This Executive Order prioritizes families involved in the child welfare system for access to substance abuse treatment services.

CPS is charged with helping families by strengthening the ability of parents, guardians or custodians to provide safe and supportive care for their children, including critical access to services that promote safe and stable homes. CPS case managers report that when a child is in danger, substance abuse is almost always in the picture. In fact, it is estimated that nearly 80 percent of Arizona families referred to CPS have substance abuse issues. It is for this reason that every effort needs to be made to ensure appropriate and immediate substance abuse treatment for families in the CPS system.

According to the Substance Abuse Strategic Program Area Review (SPAR), released by the Joint Legislative Budget Committee and the Governor's Office of Strategic Planning and Budgeting, Arizona has a number of treatment programs, which are spread across a variety of state agencies. In 2007, there were 12 state agencies involved in the provision of substance abuse prevention or treatment services. Expenditures in these two areas exceeded \$172 million, with \$135.4 million of these monies dedicated to treatment services. Executive Order 2008-01 seeks to ensure that these treatment dollars are being spent in the most efficient and coordinated manner, providing treatment first to those in great need.

Arizona is home to a number of successful treatment programs. For example, according to the Arizona Families F.I.R.S.T. Program's 2006 Annual Evaluation Report, 98 percent of the over 4,000 clients served by Arizona's Families F.I.R.S.T. program had no new substantiated reports to CPS after enrollment in the program during the measurement period.

Executive Order 2008-01 outlines the following components designed to ensure that substance abuse treatment services are provided to families:

- All Executive agencies that administer prevention and treatment services give priority to families referred by CPS. Agencies should maximize federal funding before expending state dollars.

- All agencies administering prevention and treatment services must submit a report to the Arizona Substance Abuse Partnership (ASAP) by June 30, 2008, articulating their efforts towards prioritizing services. ASAP will provide a report on this information to the Governor by September 30, 2008.
- The Governor's Office of Children, Youth and Families (GOCYF), in coordination with Department of Economic Security/Division for Children, Youth and Families will create a mechanism to collect data on those involved with CPS who have substance abuse issues and are referred for treatment.
- Executive agencies that administer substance abuse prevention and treatment funding shall report by April 15, 2008 regarding their capacity for provision of services.
- All Executive agencies working with CPS families will implement protocols to assess substance abuse treatment needs and coordinate services. These protocols will streamline services and coordinate treatment across agencies.

This report addresses the fourth requirement listed in the Executive Order, to report on Arizona's capacity to provide substance abuse treatment services to those in need of such treatment and describes the collaborative efforts undertaken by multiple agencies to collect this information.

Overview of Arizona

The SPAR was released by the Joint Legislative Budget Committee and the Governor's Office of Strategic Planning and Budgeting in December 2007. The SPAR provides an opportunity for the Governor and the Legislature to assess the scope and efficiency of substance abuse prevention and treatment programs that cross multiple state agencies. In 2007, there were 12 state agencies involved in the delivery of substance abuse prevention and/or treatment services, with expenditures totaling \$172 million (see Figure 1). Expenditures for treatment accounted for \$135.4 million of this figure.

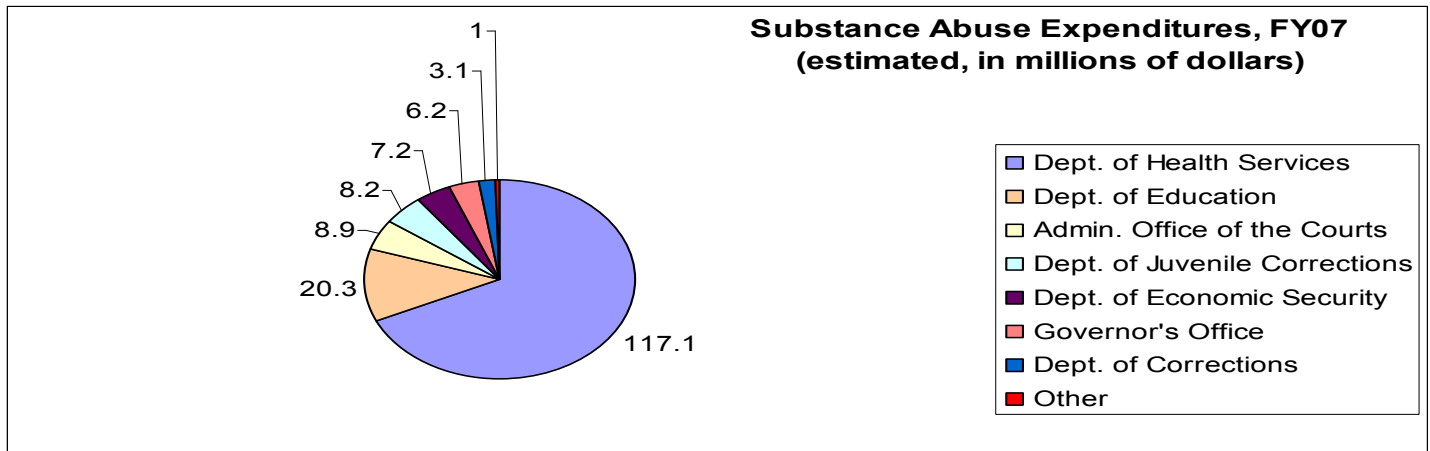
The state of Arizona has seen a dramatic increase in substance abuse expenditures, growing from \$58.9 million in FY 1996 to \$172 million in FY 2007. After adjusting for population growth and inflation, this demonstrates a 52 percent increase in substance abuse expenditures. Arizona ranks 20th in the nation for the highest amount of substance abuse expenditures per capita, and it is estimated that approximately 84,300 people received substance abuse treatment services from the state in FY 2006. The SPAR revealed that although much is being spent on treatment and many are receiving services, a gap still exists between the need for treatment and its receipt. For example, the SPAR noted that Arizona had the second highest rate of individuals 25 years or older who were in need of, but did not receive, treatment for alcohol abuse, and the second highest rate of individuals ages 12 to 17 who needed, but did not receive, treatment for illicit drugs. Further, the 2005 National Survey on Drug Use and Health conducted by the Department of Health and Human Services estimated that 2.67 percent of individuals in Arizona needed treatment services for illicit drug use but did not

receive such treatment. The survey also revealed that this figure was 8.58 percent for alcohol use, indicating that approximately one in 12 people in Arizona needed, but did not receive, treatment for alcohol abuse.

These findings point to the fact that the need for treatment may in some situations exceed the state's capacity to provide treatment. With multiple agencies administering treatment funding and with expenditures on the rise, it is essential that funding be used in a coordinated manner to ensure that treatment needs are being met statewide.

Executive Order 2008-01 called on all Executive Branch agencies administering substance abuse prevention and treatment funding to assess their capacity to provide substance abuse treatment services to adults and youth statewide. To this end, state agencies were surveyed on their substance abuse treatment capacity, the results of which inform this report. Capacity is broken down by county, and by type of treatment services provided (residential, detoxification, specialty providers, stabilization and outpatient care). By providing a snapshot of the state's treatment capacity, this report is the first step in what will be an ongoing analysis of treatment needs and the state's capacity to meet them. Ultimately, this crucial information will allow the state of Arizona to target substance abuse treatment funding where it is most needed, and to ensure that those in need of treatment are able to receive it.

Figure 1. Substance Abuse Expenditures, Arizona, FY07.



Source: Substance Abuse Strategic Program Area Review. Available at: <http://www.azleg.gov/jlbc/budgetre.htm>

ADHS Treatment System

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) administers behavioral health programs and services for both children and adults. DBHS is responsible for administering behavioral health services for several populations funded through various sources:

- The State Medicaid agency, Arizona Health Care Cost Containment System (AHCCCS), contracts with ADHS to administer the behavioral health benefit for Title XIX and Title XXI children and adult acute care members. Additionally, the Department of Economic Security (DES) contracts with ADHS to administer the behavioral health benefit for Developmentally Disabled Arizona Long Term Care System (DD ALTCs) eligible members.
- State law requires ADHS to administer community-based treatment services for adults who have been determined to have a serious mental illness (SMI).
- ADHS administers behavioral health services funded through federal block grants from the Substance Abuse and Mental Health Services Administration (SAMHSA).
- ADHS administers other federal, state and locally-funded behavioral health services.

As the SPAR identified, the substance abuse state-delivery system is a complex one. Throughout the state, ADHS contracts with organizations to administer these behavioral health delivery systems, which are referred to as Regional Behavioral Health Authorities (RBHA). An ADHS Tribal Contractor is called a Tribal Behavioral Health Authority (T/RBHA). These managed-care delivery systems are administered in specified Geographic Service Areas (GSA). The GSAs are encompassed within the state's four RBHAs and three TBHAs (see Figure 2). The three TBHAs are Gila River Indian Community, Pascua Yaqui Tribe and White Mountain Apache Tribe (not pictured in Figure 2 due to its recent status as a TBHA).

GSA 1

Northern Arizona Regional Behavioral Health Authority (NARBHA)

Despite enormous geographic distances and sparsely-populated communities, NARBHA has established, and continues to expand and enhance, a full continuum of covered behavioral health services to meet members' needs in a timely, culturally-relevant, and clinically-appropriate manner.

NARBHA is a not-for-profit regional behavioral health authority that serves approximately 14,000 members who receive publicly funded behavioral health services throughout northern Arizona. NARBHA's GSA consists of more than 62,000 square miles, which is approximately half of the geographic area of Arizona, and includes the counties of Mohave, Yavapai, Coconino, Navajo, and Apache.

To ensure that services are accessible to members in the small communities throughout NARBHA's huge GSA, NARBHA has divided its GSA into nine sub-regions and has sub-contracted with a Service Area Agency or Tribal Area Agency (SAA/TAA) in each of these sub-regions; this enables members to receive services in their local community. In addition to NARBHA's nine case management agencies, NARBHA contracts with 52 other providers to ensure that NARBHA members have access to the full range of covered behavioral health services. Between NARBHA's nine SAA/TAAs and 52 fee-for service or block-purchase providers, children and families, adults, and adults with SMI receive the full range of covered behavioral health services identified by the child/family/adult team and receive the services in the member's community and in a timely and culturally appropriate manner.

GSA 2, 4

Cenpatico Behavioral Health of Arizona, L.L.C. (CBHA)

CBHA, under contract with ADHS/DBHS, functions as the RBHA and is responsible for the coordination and facilitation of behavioral health services in two GSAs. Yuma and La Paz Counties are included in GSA 2, and Pinal and Gila Counties constitute GSA 4. Cenpatico was established in 2005 to provide a local Arizona-based corporation to administer the RBHA contract. CBHA is a managed care subsidiary of Centene Corporation.

Cenpatico has designed its network for each GSA by providing all behavioral health recipients a choice of two Intake Agencies within 25 miles of their residence. All Intake Agencies are contracted to supply a full array of behavioral health services, as outlined in the ADHS/DBHS Covered Services Guide. Cenpatico has funded Intake Providers to serve all populations (children/youth, General Mental Health, Substance Abuse and persons with SMI). All Intake Providers are required to provide timely access to covered behavioral health services that are effective in achieving individual service plan (ISP) goals and to deliver them in a manner consistent with the Arizona System Principles. If the Intake Agency does not offer a required service, the provider is responsible for developing the ser-

ADHS Treatment System

vice or referring the behavioral health recipient to another qualified service provider located within the network. In cases where there may be no provider qualified to provide the service, the provider will refer to an out-of-network provider.

GSA 3, 5

Community Partnership of Southern Arizona, Inc. (CPSA)

CPSA is a community-based, nonprofit organization under contract with the ADHS/DBHS as the RBHA in Southern and Southeastern Arizona.

CPSA provides comprehensive mental health and substance use treatment and prevention services to approximately 33,000 members across two GSAs: Pima County (GSA 5) and the four Southeastern Arizona counties of Graham, Greenlee, Cochise, and Santa Cruz (GSA 3). The southern portion of Pima, Santa Cruz and Cochise counties is situated along the United States border with Mexico. CPSA geographically covers more than 23,000 miles, which includes two tribal reservations: the Tohono O'odham Nation (GSA 5) and the San Carlos Apache Indian Reservation (GSA 3). The Pascua Yaqui Tribe is also within the geographic boundaries of GSA 5, but functions in the capacity of a TRBHA under contract with ADHS/DBHS for the provision of behavioral health services to Pascua Yaqui tribal members.

CPSA coordinates, by way of a comprehensive network of qualified providers, the delivery of covered behavioral health services in partnership with members and their families, providers, state agencies and other community stakeholders. The structure of the provider network in GSA 3 and GSA 5 is designed to assure ease of access, offer member choice, maximize opportunities for collaboration across communities, respond to members and their families in a culturally proficient manner and utilize empirical data to evaluate results.

CPSA contracts with six Comprehensive Service Networks (Networks) to provide a comprehensive array of covered behavioral health services directly or through subcontract agreements.

GSA 6 Magellan

The RBHA provides outpatient services to persons with a serious mental illness across Maricopa County at 23 Direct Care Sites. Psychiatric services, RN services, Case Management services and a variety of supportive services are provided by the Direct Care Sites. Supportive services include rehabilitation, work/vocational services, counseling services, co-located substance abuse services and peer and family support services. The RBHA also holds contracts to provide inpatient services, crisis stabilization services, residential living services, housing supports and a variety of outpatient services. Network design and program development initiatives focus on responding to the needs of the SMI population and follow a philosophy of recovery and rehabilitation.

Within the overall network, there are five service delivery systems organized by population and/or service; persons with an SMI, general mental health/substance abuse (GMH/SA), children/adolescents, prevention, and crisis services. Some providers deliver services to multiple populations while others are dedicated to a select population. These provider network arrangements allow DBHS to deliver care that is geographically-sensitive, culturally-relevant, and integrated with the communities the different providers serve.

Magellan currently operates 23 Direct Care Sites providing assessment, case management, psychiatric services, medication management, nursing services, rehabilitation services, housing services, substance abuse services, benefit services, peer supports, family support, Site Mentors, Family Mentors, psycho-educational services and counseling services. Magellan partners with community providers who are co-located at the Direct Care Sites. Co-located services include substance abuse services, employment services, DBT services, bus mobility services and peer support services. In addition to the clinic-based services, subcontracts are held with over 30 core providers for outpatient services such as substance abuse treatment for co-occurring disorders, rehabilitation, peer support and recovery coaching, community placement and home and community based services. Magellan also contracts for Level II and III residential services.

Magellan's General Mental Health and Substance Abuse (GMH/SA) service-delivery network is comprised of 26 contracted block-payment providers and numerous Fee-for-Service and Single Case Agreement providers available to provide specialty services as needed. Magellan's GMH/

ADHS Treatment System

SA network provides a full array of services, including Treatment, Rehabilitation, Medical, Support, Inpatient, Residential, and Day Program Services.

Magellan operates a Crisis Phone Line for all of Maricopa County. The Magellan Crisis Line offers 24 hour assistance for callers and families that may be experiencing a crisis in their lives. It provides crisis assessments, interventions, de-escalations, information and referrals. If necessary, the Crisis Line may dispatch a Crisis Mobile Team to help a person or family that may need further services that cannot be provided over the phone. The Crisis Mobile Teams provide face-to-face evaluations and interventions at the crisis caller and/or family's location. This service is available for all Maricopa County residents.

If a law enforcement or fire officer needs assistance in the community with someone suffering from a behavioral health crisis, they may call the Magellan Crisis Line to request assistance. This service is utilized for transportation to detoxification facilities, home-

less shelters, domestic violence shelters, between levels of service, and other crisis services as necessary.

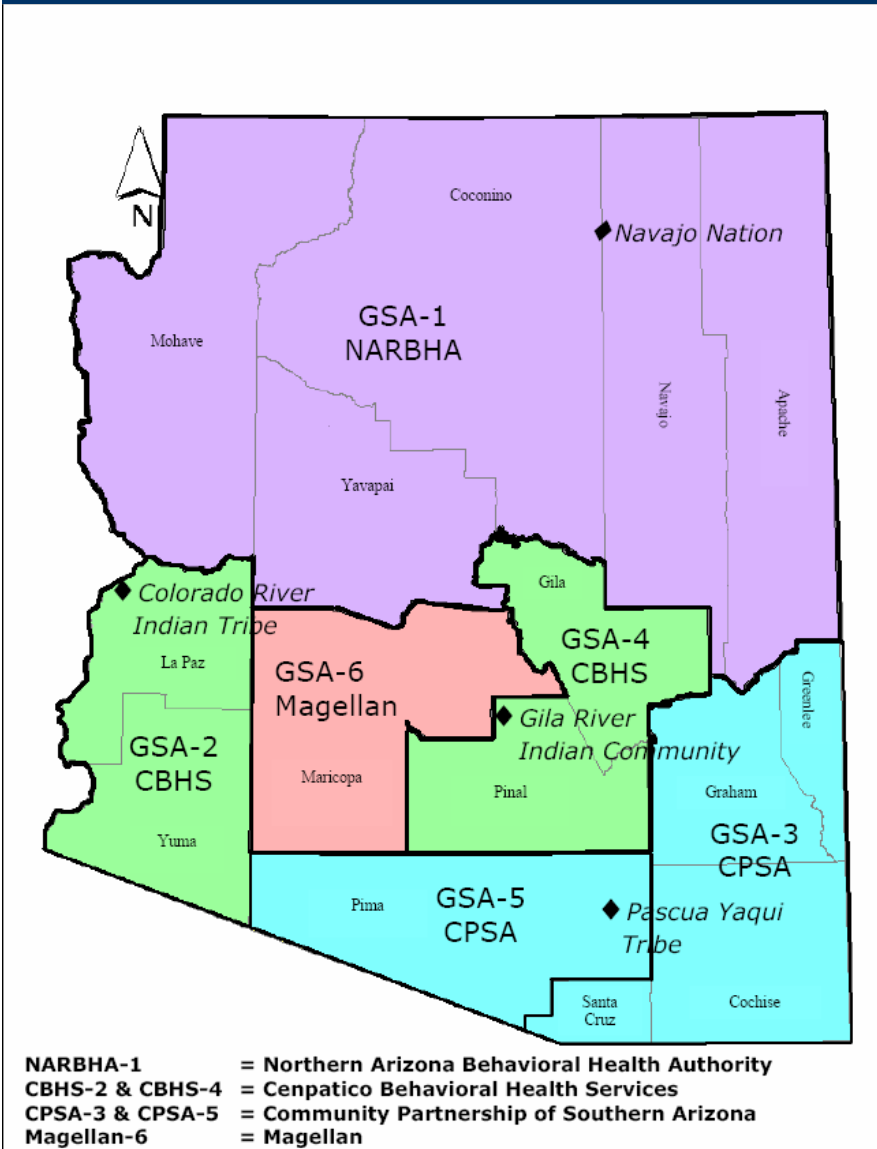
There are two Adult Psychiatric Urgent Care Centers that are available to the community. One of the Urgent Care Centers is run by Magellan and the other is subcontracted to a behavioral health provider.

There are two Detoxification Centers located in the East and Central Valley that are available in the community. Both are subcontracted by a behavioral health provider. They are available for substance abuse assessments, crisis detoxification, inpatient detoxification, and referrals for aftercare.

The geographic size of Maricopa County and the diversity of cultures within it and existence of urban, suburban, and rural regions directly affect the type of service delivery needed and requires creativity in meeting the needs of individuals and families. Provider agencies are dispersed throughout Maricopa County.

ADHS Treatment System

Figure 2. Overview of Arizona's Regional Behavioral Health Authorities, Tribal Regional Behavioral Health Authorities and General Service Areas.



Source: Arizona Department of Health Services, Division of Behavioral Health Services.

Methods

This report is the result of multi-agency collaboration and thus draws from numerous efforts.

Substance Abuse Epidemiology Work Group

The Substance Abuse Epidemiology Work Group is composed of statisticians and data analysts from various state agencies who collaborate and advise on the compilation of a Substance Abuse Epidemiology Profile every other year. The Work Group, staffed by the Governor's Office of Children, Youth and Families, Division of Substance Abuse Policy, also create other substance-specific reports and analyses as requested and provides information on emerging issues in the state. This group continuously evaluates data related to substance abuse and produces resources to guide data-driven decisions.

To fulfill the directives of Executive Order 2008-01, the Substance Abuse Epidemiology Work Group created an assessment instrument, which was distributed to Executive-branch state agencies to assess their capacity to provide substance abuse treatment services to the adult and youth populations. The surveyed agencies were:

- Arizona Department of Economic Security
- Arizona Department of Corrections
- Arizona Department of Juvenile Corrections
- Arizona Department of Public Safety
- Arizona Department of Education
- Arizona Criminal Justice Commission
- Arizona Administrative Office of the Courts

As an agency with their own network inventory of substance abuse treatment service providers, it was decided that the ADHS/DBHS would not be surveyed. Instead, the information from their inventory would be combined with that of the Substance Abuse Epidemiology Work Group survey.

ADHS, Division of Behavioral Health Services (ADHS/DBHS)

ADHS/DBHS employed a network inventory tool that was sent to over 700 service providers across Arizona, with 133 identified as those providing substance abuse treatment services. ADHS/DBHS requested that the following services be identified for each GSA:

- General Outpatient Substance Abuse Services for adults and youth (number of clinics/staff)
- Intensive Outpatient Substance Abuse Services for youth (number of clinics/staff)
- Substance Abuse Residential Services for adults and youth (number of beds)
- Substance Abuse Detoxification/Stabilization Services for adults (number of beds)
- The number of Specialty Providers (behavioral health providers/professionals) who provide substance abuse treatment services to adults and youth.

Operational Definitions

Behavioral Health Residential

Residential services that are provided by an Office of Behavioral Health Licensure (OBHL)-licensed Level II behavioral health agency. These agencies provide a structured treatment setting with 24-hour supervision and counseling or other therapeutic activities for persons who do not require on-site medical services, under the supervision of an on-site or on-call behavioral health professional.

Sub-Acute Facility

Continuous treatment provided in a sub-acute facility to a person who is experiencing acute and severe behavioral health and/or substance abuse symptoms. Services may include emergency reception and assessment; crisis intervention and stabilization; individual, group and family counseling; detoxification and referral. Includes 24 hour nursing supervision and physicians on site or on call. A sub-acute facility may include crisis intervention services that are provided in a crisis-services setting licensed as a sub-acute facility that does not require the person to be admitted to the facility.

Specialty Providers

Specialty providers include psychiatrists, nurse practitioners, physician assistants, psychologists, licensed clinical social workers (LCSW), licensed marriage and family therapists (LMFT), licensed professional counselors (LPC), licensed independent substance abuse counselors (LISAC), licensed acupuncturists (LAC), and licensed master social workers (LMSW).

These specialty providers must meet the following criteria:

Education:

Documentation of 20 hours of continuing education credit in the last 3 years specific to substance use disorder diagnosis, prevention, treatment and/or co-occurring psychiatric disorder in the age-group served to obtain initial specialty designation. Specific training in Motivational Interviewing and Stages of Change must be included.

Documentation of 10 hours of continuing education credit every two years specific to substance use disorder diagnosis, prevention, treatment and/or co-occurring psychiatric disorder in the age-group served to maintain specialty designation. Specific training in Motivational Interviewing and Stages of Change must be included.

AND

Experience:

Documentation of a minimum of 800 hours providing direct clinical services (assessment, individual and/or group treatment) to individuals with substance use disorders.

Designation of Child/Adolescent vs. Adult Specialty Provider depends on primary age group provider has worked with and education obtained.

ADES, Division of Children, Youth and Families (ADES/DCYF)

ADES/DCYF provides services through the AFF program to adults dealing with substance abuse issues who are involved in the child welfare or the JOBS program.

Due to the complexity of the substance abuse treatment system in Arizona, it was determined that it would be difficult to portray an accurate picture of service capacity with a single survey at this time. Therefore, both the ADHS provider inventory and the survey developed by the Substance Abuse Epidemiology Work Group were used in tandem to capture this information. Indeed, analyses determined that each method captured some information that the other could not provide. For this reason, utilizing both assessments proved invaluable in providing a comprehensive picture of the AFF program.

Inter-Agency Collaboration

Data from these three sources were examined in detail by members of the Substance Abuse Epidemiology Work Group, the ADHS/DBHS and the DES/DCYF. This was done to eliminate duplicate entries of substance abuse treatment providers in an effort to ensure that the number of providers listed in this report does not over-represent the capacity of Arizona to provide substance abuse treatment services to those in need.

Adult Services

Substance abuse treatment services provided to adults in Arizona are provided through numerous avenues. The results provided here indicate substance abuse service providers that are contracted through the ADHS/DBHS.

Table 1 indicates that GSA 6 (Magellan, Maricopa County) has the highest number of providers contracted through DBHS. The area with the least number of such providers was GSA 2 (Cenpatico Behavioral Health Services, Yuma and La Paz counties). GSA 6 also had the highest number of outpatient clinics, with the fewest number found in GSA 3 (CPSA, Greenlee, Graham, Cochise and Santa Cruz counties). Specialty Providers were more evenly distributed among the GSAs, with approximately equal numbers in GSA 1, GSA 5 and GSA 6. It is important to note that GSA 1 encompasses Apache, Navajo, Coconino, Yavapai and Mojave counties (NARBHA) and GSA 5 is inclusive of Pima County (CPSA). While the highest number of residen-

tial substance abuse beds was not found in Maricopa County (Magellan) but instead was found in GSA 5 (followed by GSA 3), CPSA's bed count combines those used for both SMI and SA populations while Magellan distinguishes SMI beds from SA beds. Therefore, the higher number of contracted beds in CPSA may be due to the method of contracting rather than because a higher number of SA beds is available in this GSA.

Detoxification inpatient beds were also higher outside of GSA 6. Specifically, they were highest in GSA 5, followed by GSA 2 and GSA 4. Detoxification sub-acute beds were only slightly more plentiful in GSA 6, followed closely by those in GSAs 5 and 3. In addition, there were no stabilization services found in many of the GSAs. According to these findings, only GSAs 1 and 2 provide these services. Finally, the majority of the methadone clinics were found in GSA 6, with a few scattered around the remainder of the state.

Table 2. Statewide Availability of Adult Substance Abuse Treatment Service Providers by Type and Geographic Service Area (GSA), March 2008.

GSA	Contracted Providers	Outpatient Clinics	Specialty Providers	Residential Substance Abuse Beds	Detox Inpatient Beds	Detox Sub-Acute Beds	Stabilization Services	Methadone Clinics
1	42	71	53	38	39	28	24	2
2	11	30	13	60	101	32	16	1
3	17	23	10	328	8	36	0	1
4	17	50	42	57	101	30	0	1
5	36	55	53	551	225	36	0	3
6	92	179	80	218	44	38	0	10
Total	133	327	251	1010	355	180	40	18

Source: Arizona Department of Health Services/Division of Behavioral Health Services. *Network Inventory*, 2008.

Note. Total number of contracted providers is less than the combined number of outpatient clinics, specialty providers, stabilization service providers and methadone clinics because each provider may be licensed to provide more than one type of service. In addition, the number of providers within each category and overall do not

Note. Total number of residential substance abuse beds, detox inpatient beds and detox sub-acute beds does not equal the total number of beds as duplicate beds have been identified across GSAs.

Adult Services

Table 3 below indicates that examining the number of contracted providers per 100,000 adults gives a different picture than the total number of providers within each GSA. Notably, the number of treatment providers per 100,000 adults is highest in GSA 3 and lowest in the most populous area of the state, GSA 6. In addition, it appears that a higher number of outpatient clinics are available per 100,000 adults across GSAs than other types of substance abuse treatment services. That is, there are fewer methadone clinics and stabilization services available across the state's population than outpatient clinics per capita.

The data also allow us to examine types of substance abuse treatment services provided within each GSA. The data indicate that more outpatient clinics are available

per 100,000 adults in GSA 1 (similar to the overall picture of the state) than other types of substance abuse treatment service; that is, there are more outpatient clinics in GSA 1 than there are specialty providers, stabilization services or methadone clinics. This pattern is also evident for the other five GSAs.

The highest number of residential substance abuse beds, detoxification inpatient beds and detoxification sub-acute beds are available per 100,000 adults in GSA 3 (residential substance abuse and detoxification sub-acute beds) and GSA 2 (detoxification inpatient beds). It is important to note that these services are more plentiful in the areas of the state that are not home to the majority of the state's population. These findings indicate differential service availability by geographical locale and a potential need for increases in service providers in Maricopa County.

Table 3. Statewide Availability of Adult Substance Abuse Treatment Service Providers by Type and Geographic Service Area (GSA) per 100,000 adults , March 2008.

GSA	Contracted Providers	Outpatient Clinics	Specialty Providers	Residential Substance Abuse Beds	Detox Inpatient Beds	Detox Sub-Acute Beds	Stabilization Services	Methadone Clinics
1	7.9	13.3	10.0	7.1	7.3	5.3	4.5	0.4
2	7.4	20.1	8.7	40.3	67.8	21.5	10.7	0.7
3	11.0	14.8	6.4	211.4	5.2	23.2	0	0.6
4	7.0	20.4	17.2	23.3	41.3	12.3	0	0.4
5	5.0	7.7	7.4	76.7	31.3	5.0	0	0.4
6	3.4	6.5	2.9	8.0	1.6	1.4	0	0.4
Total	2.9	7.2	5.5	22.3	7.82	4.0	0.9	0.4

Source: Arizona Department of Health Services/Division of Behavioral Health Services. *Network Inventory*, 2008.

Note. Population information used to calculate per capita substance abuse treatment providers: 2006 United States Census broken down by county from the National Criminal Justice Reference Service. Available at: <http://www.ncjrs.gov/>.

Youth Services

Similar to substance abuse treatment services provided to adults in Arizona, youth receive treatment for substance abuse through numerous means. The results provided here indicate substance abuse service providers that are contracted through the ADHS/DBHS.

Table 4 indicates the general outpatient, intensive outpatient and residential substance abuse facilities for youth needing substance abuse treatment services. Youth who present with substance use experimentation or use that is detected early may best be treated in a general outpatient setting. Those who require more comprehensive treatment may need the structure of an intensive outpatient program that requires more frequent attendance

and more structure and control. Youth with the most severe problems may require a residentially-based substance abuse treatment service.

Table 4. Statewide Availability of Youth Substance Abuse Treatment Service Providers by Type and Geographic Service Area (GSA), March 2008.

GSA	General Outpatient	Intensive Outpatient	Residential Substance Abuse Facilities
1	5	3	3
2	4	1	7
3	9	6	17
4	7	3	8
5	2	3	21
6	13	5	9
Gila River	2	2	2
Pascua Yaqui	2	1	14

Source: Arizona Department of Health Services/Division of Behavioral Health Services. *Network Inventory*, 2008.

Note. Total number of contracted providers is less than the combined number of outpatient clinics and residential substance abuse facilities because each provider may be licensed to provide more than one type of service. In addition, some providers provide services in more than one GSA.

Note. Data collection of youth substance abuse treatment services for GSA 6 (Magellan, Maricopa County) is not complete and should therefore, not be compared to the services of other GSAs.

Arizona Families FIRST

Arizona Families F.I.R.S.T. (AFF) is an innovative, community-based approach that is built on research, best practices and community involvement. It provides the opportunity for families to overcome the barrier of substance abuse so that they can safely care for their children, strengthen their families, achieve self-sufficiency and permanency for their children. In addition to substance abuse treatment, the program provides a continuum of substance abuse and recovery services and emphasizes outreach, engagement, aftercare and support services to ensure success.

AFF is a collaborative program between DES/DCYF and the ADHS/DBHS. Many AFF services are funded with Title XIX dollars through the ADHS, and when appropriate, blended funds are utilized to assure the most comprehensive array of services are available to meet the needs of each individual.

DES contracts with nine providers who have a total of 27 sites throughout Arizona. Many DES providers sub-contract specialty substance abuse treatment services. AFF providers have the capacity to provide the entire continuum of

services from long-term, residential treatment to aftercare. The AFF program is for adults only and all AFF providers serve both males and females. The AFF contract does require providers to have gender-specific treatment available for clients who would benefit from this service.

The assessment created by the Substance Abuse Epidemiology Work Group was sent to AFF providers. The findings from this survey indicate that:

- AFF providers have the capacity to service 1,207 individuals in non-residential services at any one time and 27 individuals in residential services through DES AFF funding.
- AFF providers are either over or at-capacity with no waiting list. Most providers verbally report that they choose to exceed capacity in an effort to avoid waiting lists to assure clients ready for treatment are able to receive treatment.
- In addition, providers verbally report that, due to capacity limitations, some clients receive a less-intensive level of service than is needed while waiting for the availability of a more appropriate, higher level of care.

Table 5. Statewide Availability of Substance Abuse Treatment Service Providers for AFF Clients by Type and County, March 2008.

County	Short-Term Residential	Long-Term Residential	Detoxification	Specialty Providers	Stabilization	Outpatient	Intensive Outpatient	Aftercare
Apache	0	0	0	0	0	1	1	1
Cochise	8	8	8	8	8	8	8	8
Coconino	2	2	0	0	0	2	2	2
Gila	0	0	0	0	0	0	0	0
Graham	1	1	1	1	1	1	1	1
Greenlee	1	1	1	1	1	1	1	1
La Paz	0	0	0	0	0	0	0	0
Maricopa	5	5	5	0	5	5	5	5
Mohave	0	3	0	0	3	3	3	3
Navajo	0	0	0	0	0	1	1	1
Pima	6	6	0	0	6	6	6	6
Pinal	3	0	0	0	0	3	3	3
Santa Cruz	1	1	1	1	1	1	1	1
Yavapai	2	2	0	0	0	2	2	2
Yuma	1	1	0	0	0	1	1	1

Source: Substance Abuse Epidemiology Work Group. *Substance Abuse Treatment Services Capacity Assessment*, March, 2008.

Note. Total number of contracted providers is different than the combined number of outpatient clinics, residential services, detoxification providers and specialty providers because each provider may be licensed to provide more than one type of service. In addition, some providers provide services in more than one GSA.

Note. Although the data do not reflect services in Gila and La Paz counties, AFF clients are eligible to receive substance abuse treatment services in nearby counties offering those services.

Arizona Families FIRST

Table 6 indicates that examining the number of providers per 100,000 adults within each GSA gives us a much different picture than just an examination of the number of treatment service providers by GSA.

Notably, the number of treatment providers per 100,000 adults is highest in GSA 4 (Gila and Pinal counties) and GSA 1 in NARBHA. The GSA with the lowest number of ser-

vice providers per capita is GSA 6, which is the most populous area of the state.

This information indicates that for every 100,000 adults in GSA 1, AFF providers are able to provide services to approximately 60 adults. In contrast, AFF providers are able to provide services to only 16 of every 100,000 adults in Maricopa County.

Table 6. Statewide Availability of Substance Abuse Treatment Service Providers for AFF Clients by Type and GSA, Per 100,000 Adults, March 2008.

GSA	# of Individuals per 100,000 Adults in the Population
1	60.1
2	21.5
3	38.7
4	61.3
5	27.2
6	16.4
Total	26.6

Source: Substance Abuse Epidemiology Work Group. *Substance Abuse Treatment*

Note. Population information used to calculate per capita substance abuse treatment providers: 2006 United States Census broken down by county from the National Criminal Justice Reference Service. Available at: <http://www.ncjrs.gov/>.

DUI/Drug Courts & Adult Probation

Substance abuse treatment services targeted to criminal justice system-involved individuals in Arizona are delivered by ADHS/DBHS providers and DUI/Drug Courts. The instrument created by the Substance Abuse Epidemiology Work Group was sent to the Administrative Office of the Courts (AOC) who sent it to their adult probation departments and DUI/Drug Courts.

Adding information from these service providers to the data captured through the DBHS inventory gives a more robust picture of the state substance abuse delivery system. While the AOC is not an Executive-branch agency

and thus, is not required to comply with EO 2008-01, the agency still provided information to inform this report. The data collected by the AOC are presented in Table 7. In addition, AOC volunteers that the juvenile probation department in each county provides the referrals to the programs. The AOC reports that the Juvenile Justice Services Division (JJSD) currently has an estimated 65 vendors, statewide, that provide substance abuse treatment services.

As the data in Table 7 are not complete, they should be examined with caution. The vast majority of the surveys returned were from Adult Probation in Yavapai County.

Table 7. Statewide Availability of Substance Abuse Treatment Services for Individuals attending DUI/Drug Courts and Adult Probationers by Type and County, March 2008.

County	Short-Term Residential	Long-Term Residential	Detoxification	Specialty Providers	Stabilization	Outpatient	Intensive Outpatient	Aftercare
Apache*	--	--	--	--	--	--	--	--
Cochise*	--	--	--	--	--	--	--	--
Coconino	0	0	0	0	0	0	1	0
Gila*	--	--	--	--	--	--	--	--
Graham*	--	--	--	--	--	--	--	--
Greenlee*	--	--	--	--	--	--	--	--
La Paz*	--	--	--	--	--	--	--	--
Maricopa*	--	--	--	--	--	--	--	--
Mohave	0	0	0	0	0	2	2	0
Navajo*	--	--	--	--	--	--	--	--
Pima*	--	--	--	--	--	--	--	--
Pinal*	--	--	--	--	--	--	--	--
Santa Cruz*	--	--	--	--	--	--	--	--
Yavapai	0	0	0	0	0	10	1	10
Yuma*	--	--	--	--	--	--	--	--

* Assessments from these counties have not yet been returned.

Source: Substance Abuse Epidemiology Work Group. *Substance Abuse Treatment Services Capacity Assessment*, March, 2008.

Corrections Populations



Perryville	(A)	Lewis	(B)
Yuma	(C)	Ingleside	(F)
Tucson	(D)	Surber	(H)
Pinal	(E)	Florence	(J)
Maricopa	(G)	Wickenburg	(I)
In State (Inmate) Facilities			
Phoenix West	(K)	Marana	(L)
Florence West	(M)	Kingman	(N)
Navajo County Jail - Holbrook	(O)		
Central Arizona Correctional Facility	(P)		

Source: <http://www.azcorrections.gov/>

Substance abuse treatment services targeted to incarcerated individuals in Arizona also add to the overall picture of substance abuse treatment in Arizona. The Substance Abuse Epidemiology Work Group survey was sent to the Arizona Department of Corrections (ADC) in hopes of adding in-house services to our analyses. This allows an examination of the treatment provided to the imprisoned population who may be able to use such services to ensure a more successful life once released back into the community.

Table 8 indicates that the vast majority of service providers for both juveniles and adults incarcerated in Arizona's prisons (adults) and detention facilities (juveniles) are providing services in Maricopa County.

The map located here is provided by the Arizona Department of Corrections and indicates the location of adult prisons in Arizona (<http://www.azcorrections.gov/adc/prisons.asp>).

Arizona Department of Juvenile Corrections Overview

According to the Arizona Department of Juvenile Corrections (ADJC) website (<http://www.juvenile.state.az.us/SafeSchools/Overview.htm>). ADJC operates and maintains four secure care facilities for the custody, treatment, and education of committed juveniles. Each juvenile placed in a secure facility receives rehabilitative services, appropriate to the juvenile's age, risk, needs, abilities, and committing offenses. This includes education, individual and group counseling, psychological services, health care, and recreation. In addition, treatment groups and specialized housing units focus on juveniles with histories of violence, substance abuse or sexual offenses.

A Unit Manager is the administrator for the housing unit, and each housing unit has a Program Supervisor, a Case-worker, and Youth Correctional Officers to monitor each youth treatment plan.

In addition, the Agency employs and contracts with health care professionals who manage and deliver direct services, including medical, dental and psychiatric services to committed youth. Each secure facility employs full-time medical staff that facilitates the provision of primary care medical services seven days a week.

The four safe schools/facilities are described below:

Adobe Mountain School (AMS)

AMS operates intake and secure care programming for male youth. AMS operates 11 treatment units, plus 1 unit for youth with special behavior problems. AMS primarily houses youth from Maricopa County. It is located on Pinnacle Peak Road, just west of I-17 freeway.

Black Canyon School (BCS)

BCS operates intake and secure care programming for all female youth. BCS is located just south of the Happy Valley Road exit, west of the I-17 freeway.

Catalina Mountain School (CMS)

CMS is a secure facility for male juveniles. CMS has 5 treatment units. CMS primarily houses youth from Pima County. It is located north of Tucson on Highway 89.

Southwest Regional Juvenile Corrections Complex (SWRJCC)

SWRJCC is composed of Eagle Point School (EPS). EPS is a secure facility for males that has 6 housing units. EPS houses youth primarily from the southern and western counties.

Corrections Populations

Table 8. Statewide Availability of Substance Abuse Treatment Service Providers for Individuals Incarcerated in AZ Prisons (Adults) and Detention Facilities (Juveniles) by Type and County, March 2008.

County	Short-Term Residential	Long-Term Residential	Detoxification	Specialty Providers	Stabilization	Outpatient	Intensive Outpatient	Aftercare
ADULTS								
Apache	0	0	0	0	0	0	0	0
Cochise	0	0	0	1	0	1	0	0
Coconino	1	1	1	1	1	1	1	1
Gila	0	0	0	0	0	0	0	0
Graham	0	0	0	1	0	1	0	0
Greenlee	0	0	0	0	0	0	0	0
La Paz	0	0	0	0	0	0	0	0
Maricopa	27	27	27	30	27	30	27	27
Mohave	1	1	1	2	1	3	1	1
Navajo	2	2	2	2	2	2	2	2
Pima	0	1	0	5	0	4	0	0
Pinal	0	0	0	3	0	3	0	0
Santa Cruz	0	0	0	0	0	0	0	0
Yavapai	3	3	3	3	3	5	3	3
Yuma	0	0	0	1	0	1	0	0
JUVENILES								
Apache	0	0	0	0	0	0	0	0
Cochise	2	7	0	0	0	0	0	5
Coconino	1	3	0	0	0	1	0	2
Gila	0	0	0	0	0	0	0	0
Graham	0	0	0	0	0	0	0	0
Greenlee	0	0	0	0	0	0	0	0
La Paz	0	0	0	0	0	0	0	0
Maricopa	7	23	0	6	3	8	0	21
Mohave	0	1	0	0	0	0	0	0
Navajo	0	0	0	0	0	0	0	0
Pima	3	6	0	2	1	3	0	4
Pinal	0	3	0	0	0	2	0	5
Santa Cruz	0	0	0	0	0	0	0	0
Yavapai	0	1	0	0	0	0	0	0
Yuma	0	0	0	0	0	0	0	0

Source: Substance Abuse Epidemiology Work Group. *Substance Abuse Treatment Services Capacity Assessment*, March, 2008.

Note. These data should not be considered a comprehensive picture of the number of service providers to the incarcerated population in Arizona.

Outcomes/Next Steps

Outcomes

- In addition to obtaining the number of substance abuse service providers in each GSA, ADHS/DBHS, gathered names, addresses and credentials of the staff serving within each agency and their sub-contractors. This information will be useful for follow-up and future analyses related to the credentialing of those providing services and the best practices that they employ.
- The Substance Abuse Epidemiology Work Group collected information on the number and type of substance abuse service providers by county who deliver services to incarcerated populations, to those involved with DUI/Drug Court and to those involved in the child welfare system.
- The data collected serve as a baseline to identify areas of need.
- The collaborative work of ADHS/DBHS, the Substance Abuse Epidemiology Work Group and DES/DCYF has paved the way for future work between these three groups, including the next steps outlined below.

Next Steps

Based on the findings from their analyses and collaboration, the ADHS/DBHS, the Substance Abuse Epidemiology Work Group and the DES, DCYF make the following recommendations:

- The data collected and the collection system should become integrated into DBHS's network development and system of care plans.
- With the improved understanding of the substance abuse treatment system that was garnered through the data collection process, the network inventory created by DBHS and the survey created by the Substance Abuse Epidemiology Work Group should now be merged into one assessment instrument. This inventory will be more comprehensive than either assessment alone. It will be able to capture the substance abuse treatment service providers contracted through the ADHS/DBHS, those providing services to incarcerated youth and adults in Arizona, those providing services to the individuals presenting at DUI/drug courts and those involved in the child welfare system.

- This enhanced provider inventory should be completed on a yearly basis in order to assess changes in the state's capacity to provide substance abuse treatment services and to assess gaps in service capacity in each county/GSA.
- Collaboration and coordination between ADHS/DBHS, DES/DCYF and the Substance Abuse Epidemiology Work Group should continue between inventories in order to ensure that the network inventory provides information that meets the needs of all audiences.
- The addresses and zip codes of the service providers captured through the efforts of ADHS/DBHS, DES/DCYF and the Substance Abuse Epidemiology Work Group should be mapped using Geographic Information Systems (GIS) software to graphically portray the locations of service providers to determine gaps in services by type of service provider.
- Information on substance abuse treatment services should be coupled with data on adult substance use patterns in Arizona. The simultaneous assessment of these two components will allow a better determination of potential gaps between substance abuse treatment service need and the state's ability to adequately address such need.
- DBHS will conduct site visits to review the program effectiveness and will be making recommendations to providers for program improvements. They will also be targeting expansion where it appears to be most needed.

References

- Arizona Department of Corrections. <http://www.azcorrections.gov/adcc/prisons.asp>.
- Arizona Department of Health Services/Division of Behavioral Health Services. *Network Inventory*. (2008).
- Joint Legislative Budget Committee and Governor's Office of Strategic Planning and Budgeting. Strategic Program Area Review. (2007). Last accessed at <http://www.azleg.gov/jlbc/budgetre.htm> on April 7, 2008.
- Substance Abuse Epidemiology Work Group. *Substance Abuse Treatment Services Capacity Assessment*.

For more information on this report, please contact:
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Appendix A: ADHS/DBHS Provider Inventory

General Outpatient Substance Abuse Services - Children

[illegible]

General Outpatient Substance Abuse Services - Adult

[illegible]

Appendix A: ADHS/DBHS Provider Inventory

Intensive Outpatient Substance Abuse Services - Children

Name of RBHA:

GSA:

Provider Agency Name:

Program Name:	
---------------	--

County:

Staff Name

Credentials:
See attached DBHS/TRBHA
Methodology for Credentialing
and Privileging Criteria for
Specialty Clinician's/Provider

Has licensed staff member completed a Specialty Clinician/Provider Attestation	Yes/No

Identify any Evidence Based / Best Practice Methodology used by this person.

Licensed Staff				
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[illegible][illegible][illegible]

Appendix A: ADHS/DBHS Provider Inventory

Substance Abuse Residential Services - Children

[illegible]

Substance Abuse Residential Services - Adult

Name of RBHA:	GSA:	
Agency Name	Contracted Level II SMI/Co-Occurring Beds	Contracted Level II GMH Substance Abuse Beds
Total		

Appendix A: ADHS/DBHS Provider Inventory

Substance Abuse Detoxification/Stabilization Services - Adult

[illegible]

Appendix B: Substance Abuse Epidemiology Work Group Capacity Assessment

2008 SUBSTANCE ABUSE TREATMENT FUNDING CAPACITY DATA COLLECTION FORM

1. NAME AND LOCATION OF STATE AGENCY COMPLETING THIS FORM:

Agency Name:		
Street Address:		
City:	County:	Zip:
Form Completed By:	Phone:	
Email:	Fax:	

COMPLETE A SEPARATE FORM FOR EACH PROGRAM FOR WHICH YOU PROVIDE FUNDS FOR FY 2007-2008.

2. NAME AND LOCATION OF ORGANIZATION ADMINISTERING PROGRAM:

Implementing Organization:		
Street Address:		
City:	County:	Zip:

3. NAME AND LOCATION OF PROGRAM SITE (if more than one site, please complete page #3):

Program Name:		
Program Contact:		Phone:
Program Site Street Address:		
City:	County:	Zip:

4. PERCENTAGE OF TOTAL PROGRAM COST SUPPORTED BY YOUR AGENCY: _____ %

5. PROGRAM TARGET POPULATION (Check one item for Age and one item for Gender):

AGE		GENDER	
<input type="checkbox"/>	All age ranges (youth & adults)	<input type="checkbox"/>	Both Males & Females
<input type="checkbox"/>	Youth ages 0 – 17	<input type="checkbox"/>	Females Only
<input type="checkbox"/>	Adults ages 18 and over	<input type="checkbox"/>	Males Only
<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Unknown

6. PROGRAM TYPE: Check all that apply to this program.

<input type="checkbox"/>	Residential, Short-Term (Less than 30 days of non-acute care and treatment services in a residential setting.)
<input type="checkbox"/>	Residential, Long-Term (30 days or longer) (30 days or more of non-acute care and treatment services in a residential setting.)
<input type="checkbox"/>	Detoxification (Treatment services providing for safe withdrawal from substance dependence.)
<input type="checkbox"/>	Specialty Providers (Specify Type: _____) (e.g., general hospital specialty units, specialty hospitals, psychiatrists, other MHSA professionals, multi-service mental health organizations, and specialty substance abuse centers)
<input type="checkbox"/>	Stabilization (Treatment that may include detoxification, but also has among its goals the assessment of psychosocial stability and the establishment of basic recovery supports.)
<input type="checkbox"/>	Outpatient (Treatment services including individual, family, and/or group services.)
<input type="checkbox"/>	Outpatient, Intensive (Treatment lasting <u>two or more hours per day, three or more days per week.</u>)
<input type="checkbox"/>	Aftercare (Continuing care for substance abuse addiction following discharge from residential treatment. This includes continuing care following prison or jail-based substance abuse treatment.)

7. PROGRAM CAPACITY

<input type="checkbox"/>	Non-Residential (maximum number of individuals able to be in program at one time)
<input type="checkbox"/>	Residential (number of beds available)

7a. Is this program currently at-capacity, under-capacity, or over-capacity (i.e., serving the maximum number of clients, fewer than the maximum number of clients, or more than the number of clients than it has the capacity to serve)? Check one.

- ☐ Under Capacity
☐ At Capacity (no waiting list/not turning clients away)
☐ At Capacity (with a waiting list/turning clients away)
☐ Over Capacity

Complete this page ONLY if this program has more than one site. You may copy this page if needed.

8. NAME AND LOCATION OF ADDITIONAL PROGRAM SITE(S)

Program Name:		
Program Contact:		Phone:
Program Site Street Address:		
City:	County:	Zip:

Program Name:		
Program Contact:		Phone:
Program Site Street Address:		
City:	County:	Zip:

Program Name:		
Program Contact:		Phone:
Program Site Street Address:		
City:	County:	Zip:

Program Name:		
Program Contact:		Phone:
Program Site Street Address:		
City:	County:	Zip:

Program Name:		
Program Contact:		Phone:
Program Site Street Address:		
City:	County:	Zip:

Please direct any questions about this survey to:

Jeanna Blackburn
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 Division for Substance Abuse Policy
 802-542-6004
 jblackburn@az.gov